2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9700000280

1. Entity Name Z & H SOLC ENTERPRISES, LTD.



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

1515 SILVER MOON LN. PALM HARBOR, FL 34683 Mailing Address

1515 SILVER MOON LN. PALM HARBOR, FL 34683



01252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3472417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLC, ZUCEL 1515 SILVER MOON LN. PALM HARBOR, FL 34683

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
ind obliga	mone or registered agorit.						
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	DATE					
	FILE NOW!!! FEE IS \$500.0						
	After May 1, 2008, Fee will be \$						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.	GENERAL PARTNER INFORMATION						
DOCUMENT #	P96000092041						
NAME	HELAINE'S KNIPPLE, INC.		. ε τηρορομού (1915 - 1916) ε το του 1916 - 1916 (1916) ε το του 1916 (1916) ε το του 1916 (1916) ε το του 1916				
STREET ADDRESS CITY+ST-ZIP	1010 OLIVER MOORE ER.		05/27/08=80040±006:500:00				
	PALM HARBOR, FL 34683						
DOCUMENT #							
STREET ADDRESS							
CITY-ST-ZIP		A Secretary and the secretary					
DOCUMENT /							
NAME							
STREET ADDRESS			NOT WRITE:				
CITY-ST-ZIP		— INDE	HIS SPACE				
DOCUMENT #	1	Established in the second of t	RIO OPAUE:				
NAME Street Address							
CITY-ST-ZIP							
DOCUMENT #							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NAME STREET ADDRESS CITY-ST-ZIP